

Advanced Speech & Language Associates

KNOW YOUR INSURANCE PLAN

Your health insurance is based upon a contract between the insured party's employer and the insurance company, or in some cases, between you and the insurance company. If your employer has selected your plan, it is customary for the employer to describe and discuss the benefits of the plan with the employee. It is the responsibility of the insurance company to provide supporting documentation (Plan Benefit Booklet), and an Enrollment Card to the insured.

It is the responsibility of the insured party who benefits from this plan, or who receives benefits from this insurance plan to know:

1. The commencement date of the plan.
2. If there is an annual deductible, and how much.
3. The amount of your co-pay.
4. If there is a limitation on the number of therapy visits allowed per calendar year.
5. If there are any exclusions or limitations for speech therapy.

It is your responsibility to present the insurance card to this office. It is also your responsibility to notify this office of any changes or termination of your plan.

The contract between the "Providers of Service" (ASLA) with any insurance company is:

1. To provide quality care to the patient.
2. To submit the claim for service to the appropriate carrier in a timely fashion.
3. To give credit to the patient for any "contracted discount".
4. To collect co-pays and other balances due from the patient at the time of service.

If you have questions regarding your coverage contact your employer or call the number listed on the back of your insurance card. Please refer to your Explanation of Benefits from your insurance company and your monthly statement from ASLA.
